



FLWEMS Paramedic Medication Information For:
PEDIAPROFEN

Nutrients Depleted: Folic Acid

U.S. Brand Names: Aches-N-Pain®; Actron®; Acular® Ophthalmic; Advil®; Aleve®; Anaprox®; Cataflam® Oral; Children's Advil® Oral Suspension; Children's Motrin® Oral Suspension; Clinoril®; Dolobid®; Excedrin® IB; Feldene®; Genpril®; Haltran®; Ibuprohm®; Ibu-Tab®; Indochron ER®; Indocin® SR; Junior Strength Motrin®; Lodine®; Lodine® XL; Meclomen®; Medipren®; Menadol®; Midol® 200; Motrin®; Motrin® IB; Nalfon®; Naprelan®; Naprosyn®; Nuprin®; Orudic®; Orudis® KT; Oruvail®; Pamprin IB®; PediaProfen™; Pnstel®; Relafen®; Saleto-200®; Saleto-400®; Tolectin®; Tolectin® DS; Toradol® Injection; Toradol® Oral; Trendar®; Uni-Pro®; Voltaren® Ophthalmic; Voltaren® Oral; Volaren XR® Oral

Use: Management of inflammatory and rheumatoid disorders; gout, ankylosing spondylitis, mild to moderate pain, fever, dysmenorrhea, and acute migraine headache. Specific agents in this class are used in the management of postoperative pain or for closure of patent ductus arteriosus.

Pregnancy Risk Factor and Implications: B (D in 3rd trimester)

Contraindications: Hypersensitivity to nonsteroidal anti-inflammatory agents, including aspirin, or any component of formulation.

Dietary Considerations: Should be taken with food or milk to minimize gastrointestinal irritation. Food may decrease the rate but not the extent of absorption.

Warnings/Precautions: Use caution in patients with renal or hepatic insufficiency, congestive heart failure, hypertension, history of GI bleeding or ulcers, and patients having anticoagulants. NSAIDs may compromise renal function, particularly when pre-existing renal impairment is present. Photosensitivity and severe hepatotoxicity have been reported with some agents, pain is not a reliable indicator of gastrointestinal damage. Gastrointestinal ulceration and/or hemorrhage may be subtle or even painless in many patients. The elderly are at high risk for adverse reactions. To minimize adverse effects, the lowest effective dose should be used for the shortest possible period of time. Adverse central nervous system effects, including dizziness, hallucinations, agitation, and seizures normally occur only in overdose but may occur with therapeutic dosages, particularly in elderly patients.

Adverse Reactions: Individual NSAIDs may vary in their potential to cause specific adverse effects. The listing below provides a general indication of the spectrum and frequency of adverse reactions to NSAIDs

1% to 10%:

Central nervous system: Headache, nervousness, dizziness, fatigue

Dermatologic: Rash, urticaria, itching

Endocrine & metabolic: Fluid retention

Gastrointestinal: Heartburn, vomiting, abdominal pain, peptic ulcer, GI bleeding, indigestion, nausea

Optic: Tinnitus

Less than 1% experience: (Limited to important or life-threatening symptoms): Edema, congestive heart failure, arrhythmias, tachycardia, hypertension, erythema multiforme, toxic epidermal necrolysis, Stevens-Johnson syndrome, lupus erythematosus syndrome, Henoch-Schonlein vasculitis, angioedema, aseptic meningitis with fever and coma, neutropenia, agranulocytosis, aplastic anemia, inhibit platelet aggregation, hemolytic anemia, bone marrow depression, leukopenia, thrombocytopenia, eosinophilia, hepatitis acute renal failure, polyuria, azotemia, hematuria, elevated serum creatinine, dyspnea

Overdose/Toxicology: Symptoms of overdose include apnea, metabolic acidosis, coma, nystagmus, seizures, leukocytosis, and renal failure. Management of nonsteroidal anti-inflammatory (NSAID) intoxication is supportive and symptomatic. Since many NSAIDs undergo enterohepatic cycling, multiple doses of charcoal may be needed to reduce the potential for delayed toxicities.

Classification: Nonsteroidal Anti-Inflammatory Drugs

END OF INFORMATION – NOTHING FOLLOWS